

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address: A. BRANT LIPSCOMB, JR. 10333 KUYKENDAHL STE. D THE WOODLANDS, TX. 77382	MFDR Tracking #: M4-09-B023-01
Respondent Name and Box #: NEW HAMPSHIRE INS. CO. REP. BOX # 19	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from the Table of Disputed Services: "carrier did not process as facility fee"

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$645.88
3. CMS 1500
4. EOBs
5. Operative report

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...The carrier maintains that the payment amounts made to date are correct for the date of service made the basis of this medical fee dispute...."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
2-25-09	29827-LT 29807-LT	45 & BL	1, 2, 4, & 5 1, 3, 4, 5, & 6	\$372.83 \$273.05
Total Due:				\$645.88

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.203, titled *Medical Fee Guideline for Professional Services* effective for professional medical services provided on or after March 1, 2008, set out the reimbursement guidelines.

1. These services were denied/reduced by the Respondent with reason codes “45” (charges exceed your contracted/legislated fee arrangement), “45” (this line was included in the reconsideration of this previously reviewed bill), “BL” (this bill is a reconsideration of a previously reviewed bill), “BL” (additional allowance is not recommended as this claim was paid in accordance with state guidelines, usual/customary policies, or the....”), and “BL” (to avoid duplicate bill denial, for all recon/adjustments/pymnt requests, submit a copy of this EOR or clear notation....”).
2. A review of the EOB and of the Disputed Table identifies that the Requestor was paid a total of \$1460.86 for code 29827. In accordance with Rule 134.203 (b) and (c) (1), this code was under-paid and additional monies are owed. (Endoscopic Pricing Method: one hundred percent for the procedure with the highest fee schedule amount.)
 - 29827: $\$67.38 \text{ divided by } 36.0666 \times \$981.52 = \$1833.69$
 - $\$1833.69 - \$1460.86 \text{ (paid)} = \372.83 owed
3. A review of the EOB and of the Disputed Table identifies that the Requestor was paid a total of \$691.86 for code 29807. Rule 134.203 identifies that code 29805 is the endoscopic base code for code 29807. Subsequent procedures equal subsequent procedure allowance minus basic endoscopic allowance. (code 29805) Rule 134.203 (b) and (c) prices the highest allowed procedure at 100 percent of the fee amount. The other procedure(s) are priced by subtracting the fee amount of the basic endoscopy from their fee amounts. In accordance with Rule 134.203 (b) and (c) (1), this code was under-paid and additional monies are owed.
 - 29807: $\$67.38 \text{ divided by } 36.0666 \times \$929.69 = \$1736.86$
 - 29805: $\$67.38 \text{ divided by } 36.0666 \times \$413.20 = \$771.94$
 - $\$1736.86 - \$771.94 = \$964.92$
 - $\$964.92 - \$691.86 \text{ (paid)} = \273.06
4. A review of the EOB identifies that the ‘PPO Discount field’ is \$0.00 signifying that there was no negotiated contract reduction made; therefore, the Division’s payment recommendation is made in accordance with the MAR. (maximum allowable reimbursement)
5. Per review of Box 32 on the CMS-1500, zip code 77380 is located in Montgomery County. The maximum reimbursement amount under Rule 134.203 (b) is determined by locality.
6. Per Rule 134.203 (h), “when there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the (1) MAR amount; (2) health care provider’s usual and customary charge; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title.” The lesser of these three amounts was: provider’s usual and customary charge.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section 413.011(a-d), Section 413.031 and Section 413.0311
28 Texas Administrative Code, Rules 134.1, 134.203
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to additional reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$645.88 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.